

Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER BOB ARCHULETA FOR SENATE 2022			Date of This Filing _____ 09/21/2020 _____	Date Stamp Page 1 of 3	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (310)817-6679	I.D. NUMBER (if applicable) 1414156		Report No. _____ 92120 _____		
STREET ADDRESS 			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Inglewood	STATE CA	ZIP CODE 90301	No. of Pages _____ 3 _____		

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		

*Contributor Codes

IND - Individual
 COM - Recipient Committee (other than PTY or SCC)
 OTH - Other
 PTY - Political Party
 SCC - Small Contributor Committee

Reason for Amendment:

Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER BOB ARCHULETA FOR SENATE 2022			Date of This Filing <u>09/21/2020</u> Report No. <u>92120</u> <input type="checkbox"/> Amendment to Report No. _____ <small>(explain below)</small> No. of Pages <u>3</u>	Date Stamp Page 2 of 3	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (310)817-6679	I.D. NUMBER (if applicable) 1414156				
STREET ADDRESS					
CITY Inglewood	STATE CA	ZIP CODE 90301			

Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
09/21/2020	California Democratic Party Sacramento, CA 95811 ID# 741666		\$38,800.00	
09/21/2020	Josh Newman for Senaye 2020 Fullerton, CA 92835 ID# 1392939	Josh Newman State Senate District 29	\$4,700.00	11/03/2020
09/21/2020	Medina for Senate 2020 San Francisco, CA 94104 ID# 1419531	Abigail Medina State Senate District 23	\$4,700.00	11/03/2020
09/21/2020	Mueller for Senate 2020 Sacramento, CA 95815 ID# 1419459	Kip Mueller State Senate District 21	\$4,700.00	11/03/2020

Reason for Amendment:

Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER BOB ARCHULETA FOR SENATE 2022			Date of This Filing 09/21/2020 Report No. 92120 <input type="checkbox"/> Amendment to Report No. (explain below) No. of Pages 3	Date Stamp Page 3 of 3	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (310)817-6679	I.D. NUMBER (if applicable) 1414156				
STREET ADDRESS					
CITY Inglewood	STATE CA	ZIP CODE 90301			

Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
09/21/2020	Susan Eggman for Senate 2020 Stockton, CA 95204 ID# 1417126	Susan Eggman State Senate District 5	\$4,700.00	11/03/2020

Reason for Amendment: